



Premier HCAHPS Pilot Project

Update

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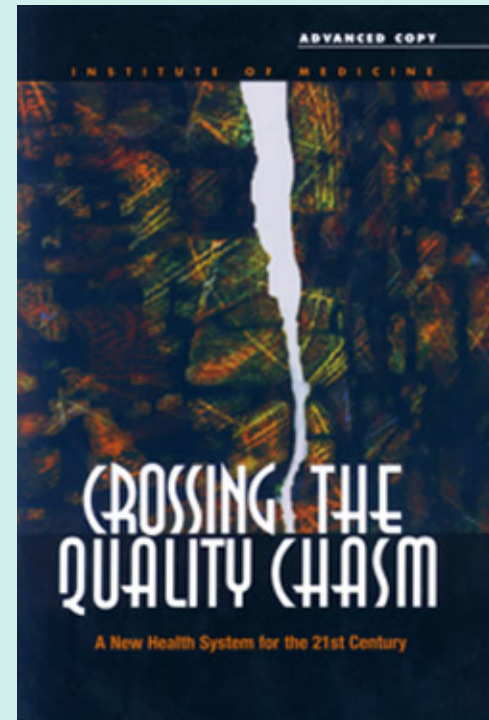


About Premier

- ▼ A healthcare alliance that operates or is affiliated with over 1,500 hospitals
- ▼ Our main goal is to help our members improve clinical and operational performance.

Pressure for better value

- The profession
 - Institute of Medicine Reports
- Business health coalitions
 - Leapfrog Group
 - Midwest Business Group on Health
 - Pacific Business Group on Health
 - Washington Business Group on Health
- Consumerism
 - Healthgrades.com
- Quality “scorecard” movement
 - JCAHO-ORYX
 - NCQA-HEDIS
- Quality “Awards”
 - Solucient Top 100
 - Premier Quality Award



How do we measure quality?

- Clinical quality measures include both *process* and *outcome* indicators
 - Process indicators focus on key activities that evidence suggests are critical to improved outcomes
 - Beta blockers within a prescribed timeframe
 - Administration of antibiotics
 - Outcome indicators focus on the end result of treatment
 - Risk-adjusted mortality
 - Readmission rates
- Patient satisfaction (HCAHPS)
- Safety measures

How is this project different?

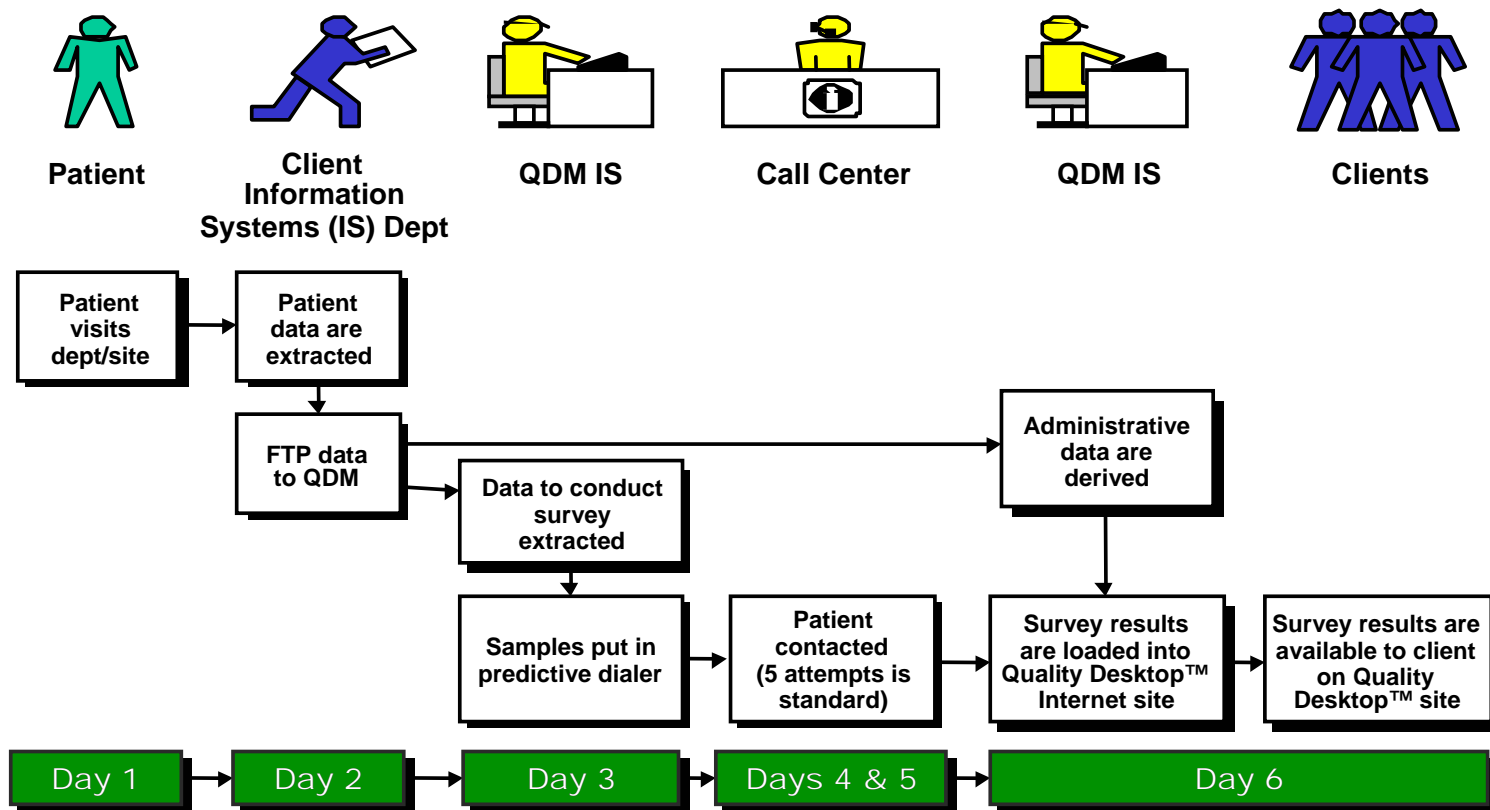
- ▼ The basic objective of HCAHPS is to develop a standardized survey that can be used for high-level, public reporting of patients' experience as to the goodness of care
- ▼ This project demonstrates the value and contribution that patient satisfaction makes to quality and process improvement at the department, while meeting the primary objectives of HCAHPS

Pilot Overview

- ▼ Six month project ending December 31
- ▼ 12 hospitals participating
- ▼ Six, eight or ten medical, surgical or OB units studied
- ▼ Telephone and IVR – 72 hours post discharge
- ▼ Three months of standard HCAHPS survey; three months with drill down questions, verbatims, and additional learning questions
- ▼ Continuous Internet based reporting



The HCAHPS Survey Process



Quality Data Management, Inc.

The Findings

- Survey Instrument
 - Need information to support improvement initiatives
 - Participants want both quantitative and qualitative feedback
 - Certain staff will relate better to verbatim comments than numbers
- Survey Administration
 - No difficulty with survey administration
 - Easy to adapt to our standard deployment methods
 - Simultaneous survey data collection was problematic and resulted in exhausting sample for some small work unit areas

The Findings

Survey Responses

- Response rates comparable to our current 40-50% response rates
- Exhausted sample in small departments largely due to attempting to get patients to complete 2 surveys

Results Reporting

- All reporting done on the web
- Reporting done at a work unit level - well liked by participants
- Real time reporting with results available one week post discharge
- Valid sample sizes at a work unit level

Recommendations and Thoughts

- Avoid having 2 surveys running simultaneously
- Include open ended verbatims if possible
- Keep survey brief, particularly if it is designed as an “add on”
- Identify learning questions for improvement
- Data analysis occurring in January



Thank you.

Questions, comments?

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